



INTERNAL STANDING ORDER APPLICATION FORM

DATE: _____

TO: Eastern Credit Union Co-operative Society Limited

FROM: _____ **Mbr No:** _____

I, _____ hereby authorize you to make deductions and credit
the sum of \$ _____ **weekly/fortnightly/monthly** as follows:

Effective Date: _____

FROM:	TO:	AMOUNT
A/C # _____	A/C # _____	\$ _____
A/C # _____	A/C # _____	\$ _____
A/C # _____	A/C # _____	\$ _____
A/C # _____	A/C # _____	\$ _____

REASON: _____

MEMBER'S SIGNATURE

WITNESS' SIGNATURE

Date

CANCELLATION OF STANDING ORDER

I, _____ authorize you to stop my standing order
arrangements as outlined above with immediate effect.

Date

Member's Signature

Witness' Signature

Standing Order Inactivated By: _____

Officer's Signature **Date**